

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1909

FILED FEB 19 1942

Registration District No. 7-5-134

Primary Registration District No. 5789

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Carnell
(b) City or town Remond Combs Twp
(c) Name of hospital or institution: 1 X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Socrates Billups

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nancy Bunde Billups 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 27 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Scotts Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Billups
13. Birthplace X (City, town, or county) (State or foreign country)
14. Maiden name Patience Smith
15. Birthplace X L 9 (City, town, or county) (State or foreign country)

16. (a) Informant Id Billups
(b) Address Wakanda Mo

17. (a) Bunde (b) Date thereof 2 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Wakanda B.C. Cem

18. (a) Signature of funeral director Wells-Macmillan
(b) Address Carnell Mo

19. (a) 2-3-1942 (b) Mrs James H. Peffly (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carnell
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 10 miles NW of Carnell (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1942 hour 2:30 minute 8 M.

21. I hereby certify that I attended the deceased from no medical attendance 19____ that I last saw him alive on 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to Death occurred in 5 minutes after attack

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 942 Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 3

23. Signature Dr. Everett L. Smith (M.D. or other) Address Tina, Mo. Date signed 2/3/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself.

....., Registered Apprentice No.
working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 2528

P. O. Address Carroll, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.